POLICY PAPER

Bridging the Gap in Holistic Care: Why Philippine Nursing Needs a Spiritual Care Framework

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Executive Summary

Spiritual care is recognized globally as an essential component of holistic nursing, however, in the Philippines it remains marginal and inconsistently practiced. Despite existing policies since 1984, affirming the nurse's responsibility to promote a spiritual environment, the absence of competency standards, curricular integration, institutional protocols, and evaluation mechanisms had left Filipino nurses ill-equipped to meet patients' spiritual needs. This gap undermines holistic care, weakens nurse–patient relationships, and perpetuates a biomedical focus at the expense of patient well-being.

This policy paper called for the development and adoption of a Philippine-specific, competency-based framework for spiritual care. Such a framework would translate abstract policy declarations into measurable practice by: (1) embedding clear competencies in nursing curricula and licensure examinations; (2) institutionalizing training, mentorship, and faculty development; (3) creating guidelines, tools, and referral systems for health facilities; and (4) integrating monitoring, evaluation, and research into quality assurance systems.

By aligning education, practice, and policy, this framework will normalize spiritual care as a professional nursing standard in order to enable Filipino nurses to deliver person-centered and culturally sensitive care, improve holistic health outcomes, and reaffirm the central role of spirituality in health and healing.

Keywords: *Philippine nursing, holistic care, spiritual care, nursing education, nursing policy, cultural competence.*

BACKGROUND

Holistic nursing addresses the physical, psychological, social, and spiritual dimensions of care. Among these, spirituality is increasingly recognized as a vital determinant of health, shaping resilience, recovery, and overall well-being (WHOQOL Group, 2012; Baldacchino, 2015). In the Philippines, where Christianity is the predominant faith, patients often seek spiritual support during illness, particularly in critical and end-of-life contexts.

The Board of Nursing formally acknowledged spirituality as the "fifth-fold responsibility" of nurses in Resolution No. 633 (1984). This acknowledgement was later reinforced by Resolution No. 220 (2004) and CHED Memorandum Order No. 15 (2017). Despite this policy recognition, spiritual care remains inconsistently delivered, marginalized in practice, and absent from institutional monitoring and quality assurance mechanisms. Nurses frequently report uncertainty and lack of confidence in addressing patients' spiritual needs, often resorting to prayer or chaplain referrals as ad hoc responses (Harrad et al., 2019; Selman et al., 2011). This disconnect between policy and practice is compounded by the absence of clear competency standards, minimal curricular integration, and institutional barriers such as staffing shortages, workload pressures, and the dominance of the biomedical model (Catanzaro & McMullen, 2001; Hawthorne & Gordon, 2019; Alch et al., 2021).

Bridging this gap requires a Philippine-specific, competency-

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based framework for spiritual care—one that translates policy commitments into actionable guidance for education, practice, and institutional reform.

Policy Context and Rationale

While Philippine nursing policies acknowledge spirituality as a core element of holistic care, implementation has been weak and thus, leaving spiritual care peripheral in both education and practice. In nursing education, the BSN program includes the elective *Religion, Religious Experiences, and Spirituality*, but the absence of a standardized syllabus with defined competencies has limited its pedagogical impact (Galutira et al., 2019; Garcia & Martinez, 2024). In clinical practice, the lack of institutional guidelines for assessing, planning, and documenting spiritual care reduces it to individualized, optional acts, often limited to prayer or chaplain referrals, rather than a professional responsibility (Puchalski, 2013; Harrad et al., 2019; Taylor et al., 2023).

Systemic barriers further constrain delivery: staff shortages, heavy workloads, and fear of imposing religious bias discourage nurses from addressing spiritual needs (Jose, 2010; Koenig, 2012). Even when provided, spiritual care frequently goes undocumented due to the absence of evaluation tools, rendering it invisible in quality assurance systems and undervalued in institutional priorities (WHOQOL Group, 2012). Moreover, weak interdisciplinary collaboration relegates spiritual care to chaplains, overlooking the vital relational role of nurses in supporting holistic patient well-being (Hsieh et al., 2020; Taylor et al., 2023).

International frameworks, such as the WHOQOL-SRPB (2012) and the Spiritual Care Competency Scale (van Leeuwen et al., 2009), demonstrate that spirituality can be operationalized through structured competencies and measurable outcomes. Locally, Bangcola's (2021) framework for Islamic communities highlights the promise of culturally grounded models. However, no national framework exists to guide Filipino nurses more broadly, thereby leaving a critical gap in practice.

At the heart of this gap is the absence of competency benchmarks. Without clear standards, spiritual care is often conflated with religious care consequently leading to avoidance of spiritual dialogue for fear of overstepping boundaries (Timmins & Caldeira, 2017). Articulating a Philippine-specific, culturally grounded framework is therefore essential to translate recognition into practice, equipping nurses with the competencies needed to deliver consistent, professional, and holistic care.

These persistent challenges highlight systemic gaps in Philippine nursing education, practice, and policy (Table 1). To address these gaps, it is also useful to examine existing models of spiritual care integration (Table 2) that offer insights into how structured competencies and cultural grounding can inform the development of a Philippine-specific framework.

Table 1. *Gaps in Spiritual Care in Philippine Nursing*

Gap	Description	Implications
1. Undefined competency standards	National nursing policies lack explicit spiritual care competencies and guidelines.	Nurses lack confidence to assess, document, and deliver spiritual care within professional scope.
2. Conceptual ambiguity	Spiritual care is often conflated with religious care.	Nurses avoid spiritual conversations due to fear of overstepping boundaries or offending patients.
3. Limited integration in nursing education	No standardized syllabus, learning outcomes, or faculty training for spiritual care.	Spiritual care remains peripheral in curricula and inconsistently taught.
4. Absence of intervention guidelines/protocols	Few institutions provide tools, SOPs, or structured pathways for spiritual care.	Nurses rely on ad hoc practices (e.g., prayer, chaplain referral), leading to inconsistency in care.
5. Lack of role modeling/mentorship	Educators and preceptors rarely model spiritual care.	Neophyte nurses perceive spiritual care as abstract and non-essential.
6. Time constraints and workload	High nurse–patient ratios limit capacity for non-biomedical interventions.	Nurses recognize needs but cannot respond meaningfully due to competing demands.
7. Cultural and religious diversity	Nurses face varied spiritual expressions without adequate cultural training.	Lack of contextual competence leads to avoidance of spiritual care to prevent insensitivity.
8. Absence of monitoring and evaluation tools	No indicators for spiritual care in audits, accreditation, or quality assurance systems.	Institutions undervalue spiritual care, as outcomes are not measured or reported.
9. Fragmented interprofessional collaboration	Spiritual care remains viewed as the sole domain of clergy or chaplains.	Nurses are excluded from interdisciplinary planning and delivery of spiritual care.

Table 2. *Comparative Analysis of Models and Frameworks for Spiritual Care Integration in Nursing*

Model/ Framework	Focus on Spirituality	Nature of Model/ Framework	Cultural Relevance	Relevance to Nurse Competency Development
Artinian's Intersystem Model (1991)	Interaction of personal, environmental, and transcendent systems.	Nursing theory of spirituality	Moderate; adaptable but not culture-specific.	Encourages holistic dialogue about beliefs.
Ellis's Rational Emotive Therapy (Dryden & Bond, 1994)	Belief systems and meaning-making; challenges irrational beliefs.	Psychotherapy model (CBT-based)	Moderate; adaptable to personal belief systems.	Builds emotional resilience and reflective practice.
Neuman's Systems Model (1996)	Spirituality as a core factor influencing client stability.	Systems-based nursing theory	Low–moderate; not culture-specific.	Reinforces spiritual assessment in holistic care.
WHOQOL-SRPB (2012)	Spirituality, religion, and beliefs as part of quality of life.	Global QOL assessment model	High; multi-faith, multicultural application.	Provides measurable indicators for training evaluation.
Nissen's Process of Spiritual Care (2021)	Person-centered process of existential meaning-making.	Process model from existential psychology	High; adaptable to individual context.	Offers structured steps for assessment, intervention, and evaluation.
Bangcola's Spiritual Nursing Care Framework (2021)	Contextualized, relational, and family-integrated approach.	Filipino contextualized nursing framework	Very high; culturally specific to Islamic Filipino settings.	Defines explicit competencies in spiritual care.

Identified Gaps in Spiritual Care

The barriers to spiritual care in the Philippines operate across education, practice, and institutional levels. Table 1 summarizes the persistent gaps.

As Table 1 illustrates, the absence of defined competencies, conceptual clarity, and institutional protocols perpetuates the marginalization of spiritual care in practice. Without monitoring mechanisms or culturally grounded strategies, spiritual care risks remain to be peripheral rather than integral to professional nursing practice.

Policy Options and Evidence Base

A variety of models and frameworks offer insights into integrating spirituality into healthcare. Table 2 compares selected international and local frameworks in terms of focus, cultural relevance, and contribution to nursing competencies.

Table 2 highlights that while international models provide useful structures, they lack cultural grounding for the Philippine context. Conversely, Bangcola's work demonstrates the promise of localized frameworks. Together, these insights underscore the need for a national framework that synthesizes global evidence with Philippine realities.

Policy Recommendations

To close the identified gaps, a Philippine-specific, competency-based spiritual care framework should be developed and institutionalized through coordinated action by CHED, PRC, DOH, and professional nursing organizations.

1. Strengthen Policy Alignment and Accountability

   CHED: Revise CMO No. 15 (2017) to specify spiritual care competencies and require standardized syllabi.

   PRC–Board of Nursing: Include spiritual care in licensure examinations and continuing professional development (CPD).

   DOH: Issue practice guidelines, tools, and referral protocols to integrate spiritual care into clinical workflows.

2. Institutionalize Education and Training

   Develop a national syllabus and training program aligned with the Philippine Nursing Competency Framework.

   Provide faculty development for educators and preceptors to model and mentor spiritual care.

3. Embed Monitoring, Evaluation, and Research
   Incorporate spiritual care indicators into accreditation, audits, and quality assurance systems.

   Support research on culturally responsive practices, including among indigenous and marginalized groups.

Conclusion

The persistent neglect of spiritual care in Philippine nursing reveals a deep disjunction between policy recognition and practice realities. Although spirituality has long been acknowledged as a vital dimension of holistic nursing, the absence of defined competencies, curricular integration, and institutional protocols has left it peripheral, inconsistent, and often invisible in care delivery. Global models provide valuable foundations, yet their lack of cultural specificity has left Filipino nurses without clear, practical guidance for integrating spiritual care into their professional roles.

Addressing this gap demands the development of a Philippine-specific, competency-based spiritual care framework that bridges education, practice, and policy. Such a framework would establish clear standards for assessment, intervention, documentation, and evaluation, while fostering interdisciplinary collaboration and cultural sensitivity. By embedding spirituality into nursing curricula, licensure requirements, continuing professional development, and spiritual care can be normalized as an essential and measurable aspect of holistic practice.

Ultimately, this framework has the potential to redefine spiritual care as a professional nursing responsibility in the Philippines—strengthening nurse–patient relationships, improving holistic health outcomes, and affirming spirituality as a central dimension of health and healing.

Key Takeaway

Spiritual care in Philippine nursing remains fragmented due to undefined competencies and weak institutional support. A culturally grounded, competency-based framework is urgently needed to normalize spiritual care as a professional responsibility in order to strengthen nurse–patient relationships and to also improve holistic outcomes.

Policy Brief Statement

Without a culturally grounded framework, spiritual care in Philippine nursing will remain invisible. Hence, in defining competencies and embedding them in education, policy, and practice, it is essential to make holistic care a reality.

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"To question, to study, to understand—these are acts of hope, not merely scholarship."